

<i>SERFF Tracking Number:</i>	<i>NYGA-125991266</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41378</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>A05G Group Annuities - Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>GP-RIGA-34200-001-A</i>		
<i>Project Name/Number:</i>	<i>RIGA Single Life Full Cash Refund/</i>		

Filing at a Glance

Company: New York Life Insurance Company		
Product Name: GP-RIGA-34200-001-A	SERFF Tr Num: NYGA-125991266	State: ArkansasLH
TOI: A05G Group Annuities - Immediate Non-Variable	SERFF Status: Closed	State Tr Num: 41378
Sub-TOI: A05.000 Annuities - Immediate Non-variable	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Laura Stoll	Disposition Date: 01/23/2009
	Date Submitted: 01/20/2009	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: RIGA Single Life Full Cash Refund	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 10/08/2008
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Discretionary
Filing Status Changed: 01/23/2009	
State Status Changed: 01/23/2009	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Re: GP-RIGA-34200-001-A	
GP-RIGA-34200-001-B	
Group Fixed Annuity Retirement Certificates	

<i>SERFF Tracking Number:</i>	<i>NYGA-125991266</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41378</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>A05G Group Annuities - Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>GP-RIGA-34200-001-A</i>		
<i>Project Name/Number:</i>	<i>RIGA Single Life Full Cash Refund/</i>		

Retirement Certificate Forms GP-RIGA-34200-001-A and GP-RIGA-34200-001-B are being submitted for use in your jurisdiction on a general basis. These forms are new and do not replace any previously filed form. These Certificates will be used with Group Annuity Contract form GP-RIGA-LFCR.

For your information, Group Annuity Contract Form GP-RIGA-LFCR (the "Contract") will be issued in New York on a one-case basis to New York Life Trust Company as trustee of the New York Life Insurance Company Rollover IRA Group Annuity Trust (the "Trust"). The Contract will accept contributions made for individual retirement annuities as described in Section 408b of the U.S. Internal Revenue Code of 1986, as amended, for the purchase of immediate cash refund annuities. The Trust is an eligible group pursuant to Section 4238(b)(6) of the New York State Insurance Law. The New York State Insurance Department approved the Contract and the Certificate forms described herein on October 8, 2008.

The Group is defined by the following criteria:

1. participants or former participants in a qualified plan with respect to which New York Life Insurance Company, or one of its affiliates, provides or provided administrative or investment management services;
2. people between the ages of 50 and 85,
3. legal residents of any of the 50 States of the U.S. or the District of Columbia,
4. people who have been accepted for participation in the Contract; and
5. people who have an account under the New York Life Rollover IRA.

New York Life seeks a determination from the Department that the Group described above is considered a group under Arkansas Code Ann. §23-83-107(1) and that New York Life may issue the Certificates to residents of Arkansas. The Group was approved as such by Indiana on November 17, 2008. Indiana has requirements substantially similar to those contained in §23-83-107(1) and has made a determination that the Group meets those requirements.

Please note that the Certificate form A will be used for most annuitants. Certificate form B will be used in those situations where, due to Internal Revenue Code limitations, the cash refund benefit can not be paid in a single sum to the beneficiary, but must be paid in installments. The filing fee of \$50.00 (\$50.00/submission) has been submitted via EFT on SERFF.

SERFF Tracking Number: NYGA-125991266 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 41378
Company Tracking Number:
TOI: A05G Group Annuities - Immediate Non- Sub-TOI: A05.000 Annuities - Immediate Non-variable
Variable
Product Name: GP-RIGA-34200-001-A
Project Name/Number: RIGA Single Life Full Cash Refund/

We would appreciate your prompt review and approval of this filing. If you have any questions, comments or if you need additional information, please contact me.

Company and Contact

Filing Contact Information

Laura Stoll,
169 Lackawanna Avenue (973) 394-3284 [Phone]
Parsippany, NJ 07054

Filing Company Information

New York Life Insurance Company	CoCode: 66915	State of Domicile: New York
51 Madison Avenue	Group Code: 826	Company Type:
New York, NY 10010	Group Name:	State ID Number:
(800) 695-8744 ext. [Phone]	FEIN Number: 13-5582869	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per submission
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$50.00	01/20/2009	25119148

<i>SERFF Tracking Number:</i>	<i>NYGA-125991266</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41378</i>
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<i>TOI:</i>	<i>A05G Group Annuities - Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>GP-RIGA-34200-001-A</i>		
<i>Project Name/Number:</i>	<i>RIGA Single Life Full Cash Refund/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/23/2009	01/23/2009

<i>SERFF Tracking Number:</i>	<i>NYGA-125991266</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41378</i>
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<i>TOI:</i>	<i>A05G Group Annuities - Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>GP-RIGA-34200-001-A</i>		
<i>Project Name/Number:</i>	<i>RIGA Single Life Full Cash Refund/</i>		

Disposition

Disposition Date: 01/23/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NYGA-125991266</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41378</i>
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<i>TOI:</i>	<i>A05G Group Annuities - Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>GP-RIGA-34200-001-A</i>		
<i>Project Name/Number:</i>	<i>RIGA Single Life Full Cash Refund/</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	GP-RIGA-34200-001-A Certificate		Yes
Form	GP-RIGA-34200-001-B Certificate		Yes

SERFF Tracking Number: NYGA-125991266 State: Arkansas

Filing Company: New York Life Insurance Company State Tracking Number: 41378

Company Tracking Number:

TOI: A05G Group Annuities - Immediate Non-Variable Sub-TOI: A05.000 Annuities - Immediate Non-variable

Product Name: GP-RIGA-34200-001-A

Project Name/Number: RIGA Single Life Full Cash Refund/

Form Schedule

Lead Form Number: GP-RIGA-34200-001-A

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GP-RIGA-34200-001-A	Certificate	GP-RIGA-34200-001-A Certificate	Initial		54	GP-RIGA-34200-001-A.pdf
	GP-RIGA-34200-001-B	Certificate	GP-RIGA-34200-001-B Certificate	Initial		54	GP-RIGA-34200-001-B.pdf



New York Life Insurance Company

A Mutual Company Founded in 1845

51 Madison Avenue, New York, NY 10010

Certificate No.: 00000

Issued: 7/1/08

Annuitant: John Smith

Date of Birth:

10/9/40

Sex:

Male

Beneficiary: Emma Smith, Daughter

Group Annuity

Contract No. : GA-34200-001

Group Annuity Contractholder:

NYL Trust Company as Trustee of the NYL Insurance

Company Rollover IRA Group Annuity Trust

In consideration of the payment of the Required Contribution under the Group Annuity Contract we certify that the monthly amount of annuity shown below will be paid to you monthly during your lifetime beginning on the Annuity Commencement Date. Each subsequent monthly payment will be made to you on the monthly recurrence of the Annuity Commencement Date. The annuity will terminate with the last monthly payment due on or before the day you die. A single sum payment may be made to your beneficiary as of the date of your death. That payment would be equal to any amount remaining after subtracting the total monthly payments due on or before the date of your death from the Minimum Return.

Annuity Commencement Date: July 31, 2008

Monthly Amount of Annuity Payable to Annuitant: \$250.00

Minimum Return: \$25,000.00

This Certificate sets forth the amount and terms of payment of the annuity purchased by the Contractholder pursuant to the Group Annuity Contract. The annuity payments are and will be subject in every respect to the terms and conditions of the Group Annuity Contract.

This Certificate replaces all Certificates and Certificate Riders previously issued to you under the Group Annuity Contract.

President

Secretary

30 DAY FREE LOOK. You will have 30 days from the date of receipt of this Certificate to examine it. If you do not wish to keep the Certificate, it must be surrendered to New York Life immediately within this period. Upon such surrender, New York Life will return the premium, less any monthly payments made, to you, unless you direct us to do otherwise. If you choose to surrender this Certificate, it will be void and the annuity described above will be cancelled.

LIFE ANNUITY WITH FULL CASH REFUND RETIREMENT CERTIFICATE

RIGA LFCR

GP-RIGA-34200-001-A

-1-

07/08
(Lump Sum)

GENERAL PROVISIONS

DEFINITIONS: The terms “you” and “your” as used herein mean the Annuitant. The terms “we”, “us” and “our” as used herein mean New York Life Insurance Company.

MISSTATEMENTS. The amount of your annuity may be revised. This will be done if any of the following facts on which your annuity benefit was based were misstated: age, sex, or form of annuity payments. The revision will be made unless an adjustment which is fair and satisfactory to you and us is made with respect to the misstatement. The revision will be as follows: we will apply to a new annuity the dollar amount that was used on the original misstated basis; but we will grant the new annuity based on your correct age, sex and form of annuity payments. Any adjustment of terms or amounts of payments made in accordance with these provisions will be final. In case of a revision:

- (a) any overpayments by us due to the misstatement will be deducted from future payments; and
- (b) any underpayment will be paid in full with the next payment due.

We are entitled to rely on the facts you supply to us. We have the right to inquire into the accuracy and completeness of those facts, but have no obligation to make such an inquiry.

BENEFICIARY. Any benefit to be paid upon your death will be paid to the beneficiary last named by you before your death.

If more than one person is so named, and their respective shares have not been specified, they will share alike. If there is no surviving beneficiary at the date of your death, any remaining benefits will be paid: in equal shares to the living members of the first of the following classes of your surviving relatives: spouse; children; parents; brothers and sisters; or your estate. A beneficiary can be named or a previous naming changed only by the Annuitant and by a written notice received by us or on our behalf. However, once it has been received, it will take effect as of the date it was signed. This is subject to any payment made or other action taken by us or on our behalf before such receipt.

PAYMENT IN THE EVENT OF INCAPACITY OR INCOMPETENCY. If a payee entitled to receive payment under its terms is a minor or, in our opinion, is physically incapable or mentally incompetent, and unable to give a valid receipt for payments, we will make payment to the duly appointed guardian or committee of the payee. If none has been appointed, we will make payment to the payee's spouse, if any, or at our option to the person or institution who, in our opinion, is then caring for or supporting the payee. Any such payment will be in complete discharge of our obligation to the extent of the payment.

EVIDENCE OF SURVIVAL. When any payment is contingent upon a person being alive on any date, we may require proof that such person was alive on that date.

PURPOSE. This Certificate is intended to qualify as an individual retirement annuity (“IRA”) under Section 408(b) of the Internal Revenue Code of 1986, as amended (the “Code”). The only contribution permitted to be made to this IRA is through a direct transfer from your New York Life Rollover IRA account. The distribution of your interest in the IRA shall be made in accordance with the requirements of Code §408(b)(3) and the regulations thereunder, the provisions of which are herein incorporated by reference.

ASSIGNABILITY. No person entitled to a benefit under the Group Annuity Contract has the right to assign that benefit. No person may transfer, hypothecate, encumber, commute or anticipate his interest in that benefit. Except as permitted by law, no benefit can be seized or applied under the law to pay any of that person's debts or liabilities.

NONFORFEITURE. This annuity is nonforfeitable. However, you can cancel it within 30 days from the date of receipt of this Certificate.

CHANGES TO THE GROUP ANNUITY CONTRACT AND CERTIFICATE. We may make changes to the Group Annuity Contract and this Certificate as may be required by state or federal law and any regulations issued thereunder. We will notify you, in writing, of any such change.

All payments made by or to us, any notices, requests or other information to be given to us, unless otherwise specified in writing, will be made to or by us at our Home Office at 51 Madison Avenue, New York, NY 10010.



New York Life Insurance Company

A Mutual Company Founded in 1845

51 Madison Avenue, New York, NY 10010

Certificate No.: 000000

Issued: 7/1/08

Annuitant: John Smith

Date of Birth:

10/9/40

Sex:

Male

Beneficiary: Emma Smith, Daughter

Group Annuity

Contract No. : GA-34200-001

Group Annuity Contractholder:

NYL Trust Company as Trustee of the NYL Insurance
Company Rollover IRA Group Annuity Trust

In consideration of the payment of the Required Contribution under the Group Annuity Contract, we certify that the amount of annuity shown below will be paid to you monthly during your lifetime beginning on the Annuity Commencement Date. Each subsequent monthly payment will be made to you on the monthly recurrence of the Annuity Commencement Date. The annuity will terminate with the last monthly payment due on or before the day you die. If the total of all payments made to you is less than the Minimum Return, we will continue payments to your Beneficiary, in accordance with the Annuity Payments After the Death of an Annuitant section.

Annuity Commencement Date: July 31, 2008

Monthly Amount of Annuity Payable to Annuitant: \$250.00

Minimum Return: \$25,000.00

This Certificate sets forth the amount and terms of payment of the annuity purchased by the Contractholder pursuant to the Group Annuity Contract. The annuity payments are and will be subject in every respect to the terms and conditions of the Group Annuity Contract.

This Certificate replaces all Certificates and Certificate Riders previously issued to you under the Group Annuity Contract.

President

Secretary

30 DAY FREE LOOK. You will have 30 days from the date of receipt of this Certificate to examine it. If you do not wish to keep the Certificate, it must be surrendered to New York Life immediately within this period. Upon such surrender, New York Life will return the premium, less any monthly payments made, to you, unless you direct us to do otherwise. If you choose to surrender this Certificate, it will be void and the annuity described above will be cancelled.

LIFE ANNUITY WITH FULL CASH REFUND RETIREMENT CERTIFICATE

RIGA LFCR

GP-RIGA-34200-001-B

-1-

07/08
(Installment Refund)

ANNUITY PAYMENTS AFTER THE DEATH OF THE ANNUITANT

If the Annuitant dies and the total of all payments that have been made is less than the Minimum Return, we will continue payments, to the Beneficiary, until the total of all payments made equals the Minimum Return plus an additional amount to represent interest. These payments will be made in the same amount and mode as payable to you, except that the last of these payments will be limited to the amount which brings the total of all payments made up to the Minimum Return plus the additional amount to represent interest.

The additional amount to represent interest will be equal to: (a) the Minimum Return minus the total of all payments made as of the date of death of the Annuitant; multiplied by (b) the applicable percentage from the table below. The Period Remaining is the number of whole years from the date of death of the Annuitant to the date at which the total of all payments, including those scheduled to be made if the Annuitant had lived, would have equaled the Minimum Return.

Period Remaining	Percentage
14 or more years	30.8%
13 years	27.8%
12 years	25.0%
11 years	22.4%
10 years	19.9%
9 years	17.5%
8 years	15.3%
7 years	13.2%
6 years	11.2%
5 years	9.2%
4 years	7.4%
3 years	5.7%
2 years	4.0%
1 year	2.4%
0 years	0.8%

GENERAL PROVISIONS

DEFINITIONS: The terms “you” and “your” as used herein mean the Annuitant. The terms “we”, “us” and “our” as used herein mean New York Life Insurance Company.

MISSTATEMENTS. The amount of your annuity may be revised. This will be done if any of the following facts on which your annuity benefit was based were misstated: age, sex, or form of annuity payments. The revision will be made unless an adjustment which is fair and satisfactory to you and us is made with respect to the misstatement. The revision will be as follows: we will apply to a new annuity the dollar amount that was used on the original misstated basis; but we will grant the new annuity based on your correct age, sex and form of annuity payments. Any adjustment of terms or amounts of payments made in accordance with these provisions will be final. In case of a revision:

- (a) any overpayments by us due to the misstatement will be deducted from future payments; and
- (b) any underpayment will be paid in full with the next payment due.

We are entitled to rely on the facts you supply to us. We have the right to inquire into the accuracy and completeness of those facts, but have no obligation to make such an inquiry.

BENEFICIARY. Any benefit to be paid upon your death will be paid to the beneficiary last named by you before your death. If more than one person is so named, and their respective shares have not been specified, they will share alike. If there is no surviving beneficiary at the date of death of a payee, any remaining benefits will be paid: in equal shares to the living members of the first of the following classes of the payee's surviving relatives: spouse; children; parents; brothers and sisters; or the payee's estate. A beneficiary can be named or a previous naming changed only by the Annuitant and only by a written notice received by us or on our behalf. However, once it has been received, it will take effect as of the date it was signed. This is subject to any payment made or other action taken by us or on our behalf before such receipt.

PAYMENT IN THE EVENT OF INCAPACITY OR INCOMPETENCY. If a payee entitled to receive payment under its terms is a minor or, in our opinion, is physically incapable or mentally incompetent, and unable to give a valid receipt for payments, we will make payment to the duly appointed guardian or committee of the payee. If none has been appointed, we will make payment to the payee's spouse, if any, or at our option to the person or institution who, in our opinion, is then caring for or supporting the payee. Any such payment will be in complete discharge of our obligation to the extent of the payment.

EVIDENCE OF SURVIVAL. When any payment is contingent upon a person being alive on any date, we may require proof that such person was alive on that date.

PURPOSE. This Certificate is intended to qualify as an individual retirement annuity ("IRA") under Section 408(b) of the Internal Revenue Code of 1986, as amended (the "Code"). The only contribution permitted to be made to this IRA is through a direct transfer from your New York Life Rollover IRA account. The distribution of your interest in the IRA shall be made in accordance with the requirements of Code §408(b)(3) and the regulations thereunder, the provisions of which are herein incorporated by reference.

ASSIGNABILITY. No person entitled to a benefit under the Group Annuity Contract has the right to assign that benefit. No person may transfer, hypothecate, encumber, commute or anticipate his interest in that benefit. Except as permitted by law, no benefit can be seized or applied under the law to pay any of that person's debts or liabilities.

NONFORFEITURE. This annuity is nonforfeitable. However, you can cancel it within 30 days from the date of receipt of this Certificate.

CHANGES TO THE GROUP ANNUITY CONTRACT AND CERTIFICATE. We may make changes to the Group Annuity Contract and this Certificate as may be required by state or federal law and any regulations issued thereunder. We will notify you, in writing, of any such change.

All payments made by or to us, any notices, requests or other information to be given to us, unless otherwise specified in writing, will be made to or by us at our Home Office at 51 Madison Avenue, New York, NY 10010.

<i>SERFF Tracking Number:</i>	<i>NYGA-125991266</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41378</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>A05G Group Annuities - Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>GP-RIGA-34200-001-A</i>		
<i>Project Name/Number:</i>	<i>RIGA Single Life Full Cash Refund/</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NYGA-125991266</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41378</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>A05G Group Annuities - Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>GP-RIGA-34200-001-A</i>		
<i>Project Name/Number:</i>	<i>RIGA Single Life Full Cash Refund/</i>		

Supporting Document Schedules

Review Status:

Satisfied -Name: Flesch Certification

01/15/2009

Comments:

Attachments:

Arkansas Flesch Test Certification.pdf
Certification-AR.pdf

New York Life Insurance Company

Re: GP-RIGA-34200-001-A and GP-RIGA-34200-001-B

This is to certify that the new certificate forms referenced above are in compliance with the Minimum Requirements of Arkansas Code Ann. §23-80-206.

GP-RIGA-34200-001-A achieves a score of 54.4 on the Flesch Reading Ease Test.
GP-RIGA-34200-001-B achieves a score of 53.8 (see attached sheets). Both Certificates were tested in their entirety.

The following standards apply to both Certificates:

1. Achieve a minimum score of 40 on the Flesch reading ease test;
2. Are typewritten in 11 point type, and the typestyle is at least one point leaded
3. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the Certificates, and;
4. Since these documents are less than 3,000 words and less than 4 pages long, there is no index or table of contents.

Patricia A. Kerrigan
Officer's Name

Assistant Vice President
Officer's Title

Signature

January 15, 2009
Date

Flesch Reading Ease Score for Certificate Form GP-RIGA-34200-001-A

Sentences
46

Words
983

Syllables
1519

Calculations

1) Words/sentences	21.370
2) Syllables/words	1.545
3) Result 1 x 1.015	21.690
4) Result 2 x 84.6	130.707
5) Results 3 + 4	152.397
6) 206.835 - Results 5	54.438

GP-RIGA-34200-001-A

Flesch Test Score 54.4

Flesch Reading Ease Score for Certificate Form GP-RIGA-34200-001-B

Sentences
50

Words
1160

Syllables
1776

Calculations

1) Words/sentences	23.200
2) Syllables/words	1.531
3) Result 1 x 1.015	23.548
4) Result 2 x 84.6	129.522
5) Results 3 + 4	153.070
6) 206.835 - Results 5	53.765

GP-RIGA-34200-001-B

Flesch Test Score 53.8

CERTIFICATION
RULE AND REGULATION 19
UNFAIR SEX DISCRIMINATION IN THE SALE OF INSURANCE

I hereby certify that to the best of my knowledge, information and belief pursuant to Arkansas Rule and Regulation 19, New York Life Insurance Company does not discriminate or deny benefits of coverage on the basis of sex or marital status.

Signature of Officer: _____

Name (typed or printed): Patricia A. Kerrigan

Title or business affiliation: Assistant Vice President

Date: January 15, 2009